Form 20-D M.H.

ALAN D. MILLER, M.D.
COMMISSIONER

STATE OF NEW YORK
DEPARTMENT OF MENTAL HYGIENE

JOSEPH ZUBIN, PH.D.
CHIEF OF PSYCHIATRIC RESEARCH
(BIOMETRICS)

BIOMETRICS RESEARCH
722 WEST 168 STREET, NEW YORK N. Y. 10032
LORRAINE 8-4000 ● WADSWORTH 7-8463

October 30, 1972

Dr. Frederic W. Nordsiek
Associate Scientific Director
The Council for Tobacco Research
110 East 59th Street
New York, New York 10022

Dear Dr. Nordsiek:

(No. 881)

I should say at the outset that the enclosed proposal is singularly unimpressive. Although the investigators say that they have a great deal of experience in behavior modification, I see nothing in their Vitae to demonstrate that. Nor is there anything in the listed publications to give one the feeling that they have worked in this area.

You described the study to me as a fishing expedition and indeed it is. Presumably smokers and nonsmokers differ reliably from each other on a number of variables - if you consider large enough groups of subjects. When examining as few as 10 subjects to personify nonsmokers, however, the number of other, extraneous variables which could possibly explain results requires that the investigators give a rather detailed description of the patients in terms of such obvious variables as age, sex, time of onset of disorder, physiological complications, etc. In other words, we should have some basic information on the two groups of patients so that we can at least approach attributing whatever differences are found to the smoking variable (if one can call that one variable).

Now I would expect them to find a difference between the two populations on the basis that smokers find the receipt of cigarettes reinforcing and therefore are particularly susceptible to the conditioning effects of a token economy. Presumably if you contrasted two populations differing on the degree to which they eat and ask for candy, you should get the same kind of difference there. What I am saying is that at its best such a study would show that if you can give patients items that they particularly will work for, then their behavior will change. But this is, of course, the general object of token economies and of behavior modification in general. What one does in such a situation is to find for each patient those items he will most work for. Those are then used as positive reinforcers.

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Perhaps the one factor in favor of this proposal is the small amount of money requested. It will probably give the investigators an opportunity to evaluate the effectiveness of the procedures they are using anyway, although they apparently will have no control as to who gets drugs, what kind, and in what dosage, therefore again questioning the usefulness of their results.

Finally, I should make a comment on the rating scales. Some of them sound vaguely familiar to me. All of them in any case require that the investigators show that their use of these scales is reliable, that is, at least some of the patients should be rated by more than one investigator separately and the ratings then compared. I would have much more trust in the behavioral observations which are ordinarily done in token economies, for these observations are quantifiable in terms of frequency of occurrence of the various types of target behaviors.

I hope that you find this evaluation helpful.

Sincerely yours,

Kurt Salzinger

KURT SALZINGER, Ph.D.
Principal Research Scientist

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